Keyack

## ALBERT T. KEYACK, ESQ. 1005 GLENDEVON DRIVE AMBLER, PA 19002

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FACSIMILE TRANSMITTAL SHEET						
TO:	FROM:					
Assistant Commissioner of Patents		Albert Keyack				
COMPANY: USPTO Art Unit 2173 (Hailu	ı, T.) Date: Marc	h 5, 2005				
FAX NUMBER:	TOTAL	NO. OF PAGES INCLUDING	G COVER:			
(703) 872-9306	12	2				
PHONE NUMBER: (703) 306-2799	SENDE	'S REFERENCE NUMBER:	, , , , , , , , , , , , , , , , , , , ,			
RE: Serial No. 09/928,009	YOUR R	EFERENCE NUMBER:				
□ urgent x for review	□ please comment	☐ PLEASE REPLY	☐ PLEASE RECYCLE			
NOTES/COMMENTS:						
Transmittal Fee Transmittal Petition for Extension of Credit Card Payment	Time (3 mos.)					
Response (7 pages)						

I, Albert T. Keyack Registration No. 32,906 hereby certify that this correspondence is being transmitted via facsimile addressed to the Commissioner of Patents and Trademarks, Washington, D.C. 20231 on March 9, 2005.

Álbert T. Kevack

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PTO/SB/21 (09-04) Approved for use through 07/31/2006, OMB 0651-0031 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE a collection of information unless it displays a valid QMB control number. Under the Paperwork Reduction Act of 1995, no persons are required to respond to Application Number 000 Filing Date TRANSMITTAL First Named Inventor **FORM** Art Unit Examiner Name (to be used for all correspondence after initial filing) Attorney Docket Number 1581 Total Number of Pages in This Submission **ENCLOSURES** (Check all that apply) After Allowance Communication to TC X Drawing(s) Fee Transmittal Form Appeal Communication to Board Licensing-related Papers of Appeals and Interferences Fee Attached Appeal Communication to TC  $\mathbb{M}$ Petition (Appeal Notice, Brief, Reply Brief) Amendment/Reply Petition to Convert to a Proprietary Information Provisional Application After Final Power of Attorney, Revocation Status Letter Change of Correspondence Address Affidavits/declaration(s) Other Enclosure(s) (please Identify Terminal Disclaimer below): **Extension of Time Request** Request for Refund Express Abandonment Request CD, Number of CD(s)\_ Information Disclosure Statement Landscape Table on CD Certified Copy of Priority Remarks Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Name Signature Printed name Reg. No. 32 Date CERTIFICATE OF TRANSMISSION/MAILING I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mall in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below: Signature 2005 Ceyack Typed or printed name

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademerk Office. U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/17 (12-04v2)

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Fees pursuant to the Consolidated Appropriations Act. 2005 (H.R. 4818).  FEE TRANSMITTAL  Application Number 09/928 009  Filing Date Application Number 25, 2001						
FEE IKANSWIII IAL   Filing Date   Amil 20, 200/						
For FY 2005 First Named Inventor //eiser						
Applicant claims small entity status. See 37 CFR 1.27						
Art Unit 2/73						
TOTAL AMOUNT OF PAYMENT (\$) Attorney Docket No. He15? - 1						
METHOD OF PAYMENT (check all that apply)						
Check Credit Card Money Order None Other (please identify):						
Deposit Account Deposit Account Number: Deposit Account Name:						
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)						
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filling	fee					
Charge any additional fee(s) or underpayments of fee(s)  Credit any overpayments						
under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card						
information and authorization on PTO-2038.						
FEE CALCULATION						
1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES EXAMINATION FEES						
Small Entity Small Entity Small Entity	٠,					
Application Type   Fee (\$)   Fee (\$)	"					
Design 200 100 100 50 130 65	- 1					
Plant 200 100 300 150 160 80	_					
Reissue 300 150 500 250 600 300	-					
Provisional 200 100 0 0 0 0	- I					
2. EXCESS CLAIM FEES Small Entity						
Fee Description Fee (\$)						
Each claim over 20 (including Reissues) 50 25 Each independent claim over 3 (including Reissues) 200 100						
Each independent claim over 3 (including Reissues) 200 100  Multiple dependent claims 360 180						
Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims	]					
20 or HP = x = Fee (\$) Fee Paid (\$)	i					
HP = highest number of total claims paid for, if greater than 20. Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)	- [					
	ĺ					
HP = highest number of independent claims paid for, if greater than 3.  3. APPLICATION SIZE FEE						
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50						
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).						
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)						
4. OTHER FEE(S)  Non-English Specification, \$130 fee (no small entity discount)  Fees Paid (\$)						
Other (c.g., late filing surcharge): Extension of Time \$570						
SUBMITTED BY						
Signature Signature Registration No. 32 906 Telephone 215 738 5	725					
Name (Print/Type) Albert T Keyack Date Morch 9 20						

This collection of information is required by 37 CFR 1.138. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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## IN THE UNTED STATES PATENT AND TRADEMARK OFFICE

Art Unit

:2173

Examiner

: Hailu, T.

Serial No.

: 09/928,009

Filed Inventor : April 20. 2001 : Heiser

Title

: Multi-Level Software for Generating Wills and Trusts Online

Dated: March 9, 2005

## RESPONSE

Commissioner of Patents

Washington, DC 20231

Sir:

This is responsive to the Notice of Non-Compliant Amendment dated November 22, 2004 and subsequent communication mailed March 3, 2005 in the above-referenced pending patent application. Please revise the previously amended claims as follows: